COMPARISON OF STATE PLAN TYPES FOR 2007

The Chart below is designed to help you compare between Uniform Benefits and the Standard Plan.

- Both programs listed below are substantially equivalent in the value of their benefits.
- Health Plan administration can vary and in places any one plan may contain a benefit that is better than that of a different plan (such as dental or wellness programs).
- Although alternate plans (HMOs and Patient Choice's PPP) offering Uniform Benefits may appear in either tier 1, 2 or 3, plans in tier 1 have the most cost effective contracts with their providers. Plans with less cost effective contracts fall into other tiers.
- SMP, which offers Uniform Benefits, is designated as a tier 1 plan in counties where no qualified tier 1 plan is available.

This outline is not intended to be a complete description of coverage. For details, see specific language in Uniform Benefits section D and the Standard Plan booklet (ET-2112). Wherever percentage of payment is listed, it means percent of charges. Out-of-network charges may be subject to Usual, Customary and Reasonable (UCR) determination. All services subject to medical necessity.

BENEFIT	UNIFORM BENEFITS	STANDARD PLAN	
		In Network	Out of Network
Annual Deductible[1] (ded)	No deductible	$100 individual / $200 family	$500 individual / $1,000 family
Annual Co-insurance[2] (coins)	As described below	None	80% / 20% *Annual OOP maximum (includes deductible):* $2,000 individual / $4,000 family
Lifetime Maximum	$2 Million	$2 Million	$2 Million
Hospital Days	No day limit	365 per admission	365 per admission
Emergency Room	$60 copay per visit	100%, no copay	80%, no copay
Ambulance Service	100%	100%	80%
Transplants *(May cover these and others listed)*	Lifetime benefit of $1,000,000 *Bone marrow, musculoskeletal, corneal, kidney, heart, liver, kidney/pancreas, heart/lung, and lung*	100% *Bone marrow, musculoskeletal, corneal, and kidney*	80% *Bone marrow, musculoskeletal, corneal, and kidney*
Mental Health[3]	Inpatient 30 days Outpatient 100% Transitional 100%	Inpatient 120 days Outpatient 90% Transitional 90%	Inpatient 120 days Outpatient 90% Transitional 90%
Alcohol, & Drug Abuse[3]	Inpatient 100% to $6,300 Outpatient 100% to $1,800 Transitional 100% to $2,700	Inpatient 90% to $6,300 Outpatient 90% to $1,800 Transitional 90% to $2,700	Inpatient 90% to $6,300 Outpatient 90% to $1,800 Transitional 90% to $2,700
Hearing Exam	100%	Benefit for illness or disease, 100%	Benefit for illness or disease, 80%
Hearing Aid	80% up to $1,000 per ear, every 3 years	No benefit	No benefit
Routine Vision Exam	One per year	No benefit for routine	No benefit for routine
Skilled Nursing Facility *(non custodial care)*	120 days per benefit period	100% for 730 days per admission less hospital days used	80% for 730 days per admission less hospital days used
Home Health *(non custodial care)*	50 per year; Plan may approve an additional 50	100% for 365 days less hospital days used	80% for 365 days less hospital days used

coins = Coinsurance; **ded** = deductible; **OOP** = out-of-pocket

BENEFIT	UNIFORM BENEFITS	STANDARD PLAN	
		In Network	Out of Network
Physical / Speech / Occupational Therapy	50 per year; Plan may approve an additional 50	100%, no limit on visits or days	80%, no limit on visits or days
Durable Medical Equipment	20% co-insurance, $500 OOP maximum	100%	80%
Hospital Pre-Certification	Varies by plan	Value Care Program for inpatient stays. Voluntary 2nd surgical opinion	Value Care Program for inpatient stays. Voluntary 2nd surgical opinion
Referrals	In network varies by plan. Out of network required.	Not required	Not required
Primary Care Provider	Varies by plan	Not required	Not required
Treatment for Morbid Obesity	No benefit	100%	80%
Oral Surgery	11 procedures	23 procedures. 100%	23 procedures. 80%
Dental Care	Varies by plan	No benefit	No benefit
Prescription Out-of Pocket Maximum[4]	$320 individual / $640 family	$1,000 individual / $2,000 family	$1,000 individual / $2,000 family

[1] Deductible applies to all services except mental health. Note that Preferred Provider Plans who offer Uniform Benefits have separate out of network deductibles.

[2] Coinsurance applies to all services up to the listed out-of-pocket maximum, then 100%. Note that Preferred Provider Plans who offer Uniform Benefits have separate out of network coinsurance percentages and amounts.

[3] Any benefits paid for mental health during the year will be applied toward the alcohol and drug abuse maximums.

[4] Separate from other out-of-pocket maximums, such as the medical